

MADA – MA Disability, Assignment, Medical Support, Living Arrangement, Medical Review/Pre-Admission Screening

This screen is used to collect information to satisfy various non-financial requirements for Medicaid programs.

MADA MA-DISABILITY ASSGMT MED-SUPP LIV-ARR CODE MED-REV/PAS 09/12/00											
DARLA F											
CASE NAME: WESTERLY, LARRY E					CASE NUMBER: 000123			MONTH: 0900			
NAME	REL	PRG	BLND/ DIS	VR	PEND	LIV ARRN	PAS	DDB DATE	AOR	MED SUPP	MED COOP
01 LARRY W	PI	ID				NH	Y		Y	Y	CO
		QD									
			↑			↑			↑		
			(Some subtypes)			(Some subtypes)					
MORE CLIENTS: N NEXT-->											

Solid arrow = Mandatory field. Open arrow = Optional Field. QS = Quick Select field.

Mandatory Fields ([F1] indicates Online Help is available.)

BLND/DIS [F1]

For Blind or Disabled Medicaid subtypes, Y or N is entered to indicate whether the 'IN' participant satisfies blindness or disability criteria per policy.

VR [F1]

For Blind and Disabled Medicaid subtypes, a verification code for blindness and disability status is entered.

PEND

For Blind and Disabled Medicaid subtypes, a Pend date must be entered if the blindness or disability status is not yet verified. (See Process Guide, "Pending for Verification.")

LIV ARR [F1]

For Institutionalized or Home and Community-Based (Waiver) subtypes, a code is entered to indicate the person's living arrangement. If NH (Nursing Home) is entered, the NUHS screen is automatically displayed upon completion of the MADA screen.

PAS [F1]

For Institutionalized or Waiver subtypes, Y or N is entered to indicate whether the pre-admission Screening (PAS) requirements have been met.

DDB DATE

For Disabled subtypes, the date of the disability determination is entered.

AOR [F1]

This field is required, and defaults to Y automatically. It indicates that by signing the application for assistance, the participant assigns to the State of Montana all rights to medical support.

MED SUPP [F1]

This field is mandatory, and defaults to Y automatically. It indicates that by signing the application, the person is applying for medical support.

MED COOP [F1]

This field is required, and defaults to CO (Cooperating) automatically. It indicates that by signing the application, the person agrees to cooperate with all requirements for Medicaid participants.

Display Fields**CASE NAME**

The case name (Primary Information person) is displayed.

CASE NUMBER

The TEAMS case number is displayed.

MONTH

This indicates the benefit month that was used to access MADA. All information shown on MADA applies only to that benefit month.

NAME

The first five letters of the participant's first name and the last initial are displayed.

REL

The two-character Relationship code that was entered on the APRE or SEPA screen is displayed. It indicates the person's relationship to the PI (Primary Information person).

PRG/SUB

This field displays the Medicaid subtype code(s) that were registered for the case.

Navigation Fields and Fkeys

MORE CLIENTS	This field displays N if all household members are listed on the screen, or Y if more members are shown on the next page. The user can change Y to N (except at initial entry) to bypass the second page or to use the NEXT- -> field.
NEXT- ->	This field allows the user to access the next desired screen by typing the screen name.
F2	The F2 key returns to the last TEAMS <i>menu</i> that was accessed.
F3	The F3 key returns to the SYSE (System Selection) menu.
F10	The F10 key accesses the CANO (Case Notes) screen.
F12	The F12 key clears any new data typed on the screen, as long as Enter has not been pressed.